

AO 240 (Rev. 10/03)

UNITED STATES DISTRICT COURT

For the District of Massachusetts - Boston Division

DOMINGO VEGA
Plaintiff

V.

UNITED STATES OF AMERICA,
DefendantAPPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER: 1:03-CR-10383-RGS

I, DOMINGO VEGA declare that I am the (check appropriate box)☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration L.S.C.I., Allenwood, PAAre you employed at the institution? yes Do you receive any payment from the institution? Yes

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

- a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

N/A

- b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

N/A

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

Inmate Inquiry

Inmate Reg #: 24994038 Current Institution: Allenwood LSCI
 Inmate Name: VEGA, DOMINGO Housing Unit: BRADY
 Report Date: 07/06/2006 Living Quarters: B08-521L
 Report Time: 5:05:27 PM

[General Information](#) | [Account Balances](#) | [Commissary History](#) | [Commissary Restrictions](#) | [Comments](#)

General Information

Administrative Hold Indicator: No
 No Power of Attorney: No
 Never Waive NSF Fee: No
 Max Allowed Deduction %: 100
 PIN: 0185
 PAC #:
 FRP Participation Status: Completed
 Arrived From: BRO
 Transferred To:
 Account Creation Date: 8/22/2005
 Local Account Activation Date: 8/23/2005 5:34:05 AM
 Sort Codes:
 Last Account Update: 7/6/2006 12:21:50 PM
 Account Status: Active
 Phone Balance: \$0.14

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
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Account Balances

Account Balance:	\$81.47
Pre-Release Balance:	\$0.00
Debt Encumbrance:	\$0.00
SPO Encumbrance:	\$0.00
Other Encumbrances:	\$0.00
Outstanding Negotiable Instruments:	\$0.00
Administrative Hold Balance:	\$0.00
Available Balance:	\$81.47
National 6 Months Deposits:	\$1,841.71
National 6 Months Withdrawals:	\$1,981.05
National 6 Months Avg Daily Balance:	\$118.88
Local Max. Balance - Prev. 30 Days:	\$282.77
Average Balance - Prev. 30 Days:	\$118.12

Commissary History

Purchases

Validation Period Purchases: \$292.30
YTD Purchases: \$2,383.40
Last Sales Date: 7/6/2006 12:21:50 PM

SPO Information

SPO's this Month: 0
SPO \$ this Quarter: \$0.00

Spending Limit Info

Spending Limit Override: No
Weekly Revalidation: No
Spending Limit: \$290.00
Expended Spending Limit: \$287.50
Remaining Spending Limit: \$2.50

Commissary Restrictions

Spending Limit Restrictions

Restricted Spending Limit: \$0.00
Restricted Expended Amount: \$0.00
Restricted Remaining Spending Limit: \$0.00
Restriction Start Date: N/A
Restriction End Date: N/A

Item Restrictions

List Name	List Type	Start Date	End Date	Userid	Active
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Comments

Comments: